



## THE UNITED STATES PATENT AND TRADEMARK OFFICE

Confirmation No.: 7636

**Applicant** 

John E. Edwards, Jr., et al.

Filing Date

November 18, 2001

Title

Pharmaceutical Compositions and Methods to Vaccinate Against

**Disseminated Candidiasis** 

Group Art Unit:

1645

Examiner

Sarvamangala J N Devi

Docket No.

13361.4001

09/715,876

Customer No.:

34313

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment in the above-identified application in connection with the Office Action dated September 20, 2005.

Applicant hereby petitions for an extension of time under 37 CFR § 1.136 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION		FEE FOR SMALL	FEE FOR	FEE FOR OTHER THAN			
(months)		ENTITY	SMALL ENTITY				
	ne month	\$60.00		\$120.00			
t\	wo months	\$225.00		\$450.00			
□ tl	hree months	\$510.00		\$1,020.00			
☐ fo	our months	\$795.00		\$1,590.00			
i fi	ve months	\$1,080.00		\$2,160.00			
			Fee	\$60.00			

CERTIFICATE OF MAILING 37 CFR §1.8

I hereby certify, pursuant to 37 CFR §1.8, that I have reasonable basis to expect that that this paper or fee (along with any referred to as being attached or enclosed) would be mailed or transmitted on or before the date indicated with the United States Postal Service with sufficient postage as first class mail on the date shown below in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated:

December 27, 2005

OC-139314.1

Applicant : Joh Appl. No. : 09/ Evaminer : Sar

John E. Edwards, Jr., et al.

09/715,876

Examiner :

Sarvamangala J N Devi

Docket No. : 13361.4001

$\boxtimes$	If an additional extension of time is required, please consider this a petition
	therefor.
	CALANDARIAN TOTAL AMOUNT OF DAVMENT, \$60.00

Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$60.00

A. B.		The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 15-0665.  Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 15-0665.  Payment Enclosed  Check Credit Card Money Order Other									
Tota	l Claims	76 1.11	4	-	20	=	0	Х	\$50.00	\$0.00	
Independent Claims		Claims	2	-	3	=	0	х	\$200.00	\$0.00	
Application Size Fee (\$250 for each additional 50 sheets or fraction thereo			40	-	100	=	100	x	250.00	\$0.00	
Multiple Dependent Claims			\$360	(if applicable)						\$0.00	
Surcharge 37 CFR § 1.16(e)			\$130	(if a	applica	ble)				\$0.00	
TOTAL OF ABOVE CALCULATIONS									\$0.00		
Red	uction by	½ for Filing by Sma	I Entity.	Note	37 CF	R§§	1.9, 1.27	7, 1.:	28.	\$0.00	
Extension of Time (from above)								\$60.00			
Request to Correct Inventorship under 37 CFR § 1.48(a)								\$130.00			
Assignment \$40 (if applicable)								\$40.00			
TOTAL FEES SUBMITTED HEREWITH								\$230.00			

Respectfully submitted,

Dated: December 27, 2005

Kurt T. Mulville Reg. No. 37,194

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